WATER QUALITY SAMPLES (WQS) ANALYSIS REPORT FORM

FACILITY NO.	NAME	
CONTACT PERSON	PHONE NO () –
DATE COLLECTED	TIME COLLECTED	
SAMPLE COLLECTOR'S NAME		
SAMPLE LOCATION TYPE (circle one): ENTRY POINT Sample DISTRIBUTION Sample		
SAMPLE COLLECTION LOCATION If distribution sample, use address or bacti sample site number. If entry point sample include treatment application point (TAP) number and identify location.		
FIELD WATER TEMPERATURE	°C FIELD PH	Units
Circle all added corrosion inhibitors. If water is purchased, ALL inhibitors being added by the parent supply MUST be circled:		
None(1) Orthophosphate(03) Polyphosphate(05) Blended Phosphate(04)		
Silica(02) Calcium Carbonate(06) Other:		
TO BE FILLED OUT BY CERTIFIED LABORATORY		
LAB NAME OR PERSON PERFORMING ANALYSIS		
CERTIFICATION NO.(If Applicable) LAB SAMPLE NO		
DATE RECEIVED DATE ANALYZED		
PARAMETER	RESULT	USEPA METHOD#
рН (00403)	Units	
Alkalinity (00410)	mg/l	
Calcium (00916)	mg/l	
Conductivity (00095)	um/cm	
Silica (00956)	mg/l	
Phosphate-T (00650)	mg/l	
Phosphate-P (00655)	mg/l	
Phosphate-O (00660)	mg/l	

DATE FORWARDED

SIGNATURE OF ANALYST OR OFFICIAL

This Agency is authorized to require this information under Ill. Rev. Stat. 1989, Chapter 111½, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.